PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Patent and Tradent Affice; U.S. Debart Affice;

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/623,600 | | | ing Date 22/2003 | To be Mailed | | |
|---|---|---|---------------------------------------|---|------------------|---|---|------------------------|------|-----------------------|-------------------------------|--|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY 🛛 | | | OTHER THAN OR SMALL ENTITY | | |
| ⊢ | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | - CK | RATE (\$) | FEE (\$) | | |
| ⊠ | BASIC FEE (37 CFR 1.16(a), (b), | \neg | N/A | LD NO | N/A | ı | N/A | 375 | ١ | N/A | TEE (0) | | |
| | SEARCH FEE | or (c)) | N/A | | N/A | ı | N/A | | ı | N/A | | | |
| | (37 CFR 1.16(k), (i), (i) | | N/A | | N/A | | N/A | | ı | N/A | | | |
| | (37 CFR 1.16(o), (p), (AL CLAIMS | or (q)) | minus 20 = * | | | | x \$ = | | OR | x s = | | | |
| IND | CFR 1.16(i)) EPENDENT CLAIM | s | minus 3 = * | | | ı | x s = | | Oit | x s = | | | |
| (37 | CFR 1.16(h)) | If the | If the specification and drawing | | ne overed 100 | ı | A# - | | | ^* - | | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | ts of pape 50 (\$125 ional 50 s | n size fee due | | | | | | | | | |
| | MULTIPLE DEPEN | 7 CFR 1.16(j)) | 1 | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | 375 | | TOTAL | | | |
| APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY | | | | | | | | | | | | | |
| AMENDMENT | 08/24/2009 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | | |
| | Total (37 CFR 1.16()) | • 11 | Minus | 21 | = 0 | | X \$26 = | 0 | OR | x s = | | | |
| | Independent (37 CFR 1.16(h)) | • 2 | Minus | 4 | = 0 | 1 | X \$110 = | 0 | OR | x s = | | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | | |
| | | | | | | | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | | |
| | Total (37 CFR 1.160)) | | Minus | ** | | i | x \$ = | | OR | x s = | | | |
| M | Independent (37 CFR 1.16(h)) | | Minus | *** | - | 1 | x \$ = | | OR | x s = | | | |
| Ä | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | l | | | OR | | | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | | |
| If the entry is column 1 is less than the entry in column 2, write "of in column 3. Legal Instrument Examiner: "If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "3". | | | | | | | | | | | | | |

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in 166 (and by the USETO to concess) an implication. Confidentially is governed by 85 US of 22 and 37 CER 1.4. This collection is estimated to state 27 animates to complete in exident graterials, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double by some thor the complete its form and/or segregations form the collection between the submitted by some thor the complete its form and/or segregations for motioning this burdon, subulous by some thor individual case. Any comments on the amount of time you require to complete this form and/or Segregations for motioning this burdon, subulous the some thin of the complete its form and/or segregations for motioning this burdon, subulous form the Commence, D.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450,